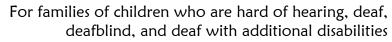
8TH ANNUAL STATEWIDE FAMILY CONFERENCE





"EMPOWERING 21ST CENTURY LEADERS & LEARNERS"

Medical Consent Form MARCH 12-14, 2010

Madison Concourse Hotel

Medical Consent Form Complete for Each Child

Chila N	vame:	DOB:
Name o	of Insura	nce Company:
		city, state, zip):
Policy #:		Group #:
Allergie	es:	
Medica	tions:	
Who w	ill admii	nister medications? Will any be needed throughout the course of
		ırday?
	l concer	
		parent/legal guardian of the above named student, I give consent/permission for:
☐ Yes	□ No	Nearest hospital to provide necessary medical and/or emergency care.
☐ Yes	□No	Emergency ambulance service for which parents/legal guardian will pay.
Parent/	'Guardia	n Signature: Date: